



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION  
**EDUCATOR RECRUITMENT AND RETENTION**  
P.O. Box 480, Jefferson City, MO 65102-0480  
APPLICATION FOR URBAN FLIGHT AND RURAL NEEDS SCHOLARSHIP

**INSTRUCTIONS**

RETURN THIS APPLICATION ALONG WITH ALL OFFICIAL TRANSCRIPTS AND A STUDENT FINANCIAL AID REPORT TO THE ABOVE ADDRESS-**APPLICATIONS MUST BE POSTMARKED BY APRIL 15**

**APPLICANT INFORMATION**

*SOCIAL SECURITY NUMBER		CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)	
HOME ADDRESS	CITY	STATE	ZIP CODE
COUNTY	DAYTIME TELEPHONE NUMBER(S) ( ) ( )		
NAME OF PARENT/GUARDIAN			
ADDRESS	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER ( )			
ETHNIC ORIGIN (CHECK ONE)  ___ BLACK ___ HISPANIC ___ INDIAN ___ WHITE ___ ASIAN ___ OTHER _____			GENDER: ___ MALE ___ FEMALE
*View the Social Security number disclosure: <a href="http://dese.mo.gov/schoolaw/freqaskques/SSN_Disclosure.pdf">http://dese.mo.gov/schoolaw/freqaskques/SSN_Disclosure.pdf</a>			
IN ORDER OF PREFERENCE, LIST THE COMMUNITY COLLEGE OR 4-YEAR COLLEGE OR UNIVERSITY THAT YOU WOULD ATTEND IF YOU WERE AWARDED A SCHOLARSHIP. THESE INSTITUTIONS MUST HAVE AN APPROVED TEACHER EDUCATION PROGRAM AND MUST BE IN MISSOURI. (1) (2)			
IN WHAT SUBJECT AREA WOULD YOU PREFER TO SPECIALIZE?			
HIGH SCHOOL/INSTITUTION CURRENTLY ATTENDING			
CURRENT ACADEMIC STATUS (CHECK) ___ HIGH SCHOOL SENIOR ___ COMMUNITY COLLEGE/UNIVERSITY FRESHMAN ___ HOURS COMPLETED AT DECEMBER OF CURRENT YEAR ___ COMMUNITY COLLEGE/UNIVERSITY SOPHOMORE ___ HOURS COMPLETED AT DECEMBER OF CURRENT YEAR ___ RETURNING ADULT STUDENT ___ HOURS COMPLETED ___ OTHER _____			
APPLICANT'S SIGNATURE		DATE	